

# El Rio Community Health Center

Integrated  
*Primary Care* Behavioral Health  
Services

# El Rio Community Health Center

## ***Mission***

- ❖ Improving the health of our community through comprehensive, accessible, affordable, quality and compassionate care.

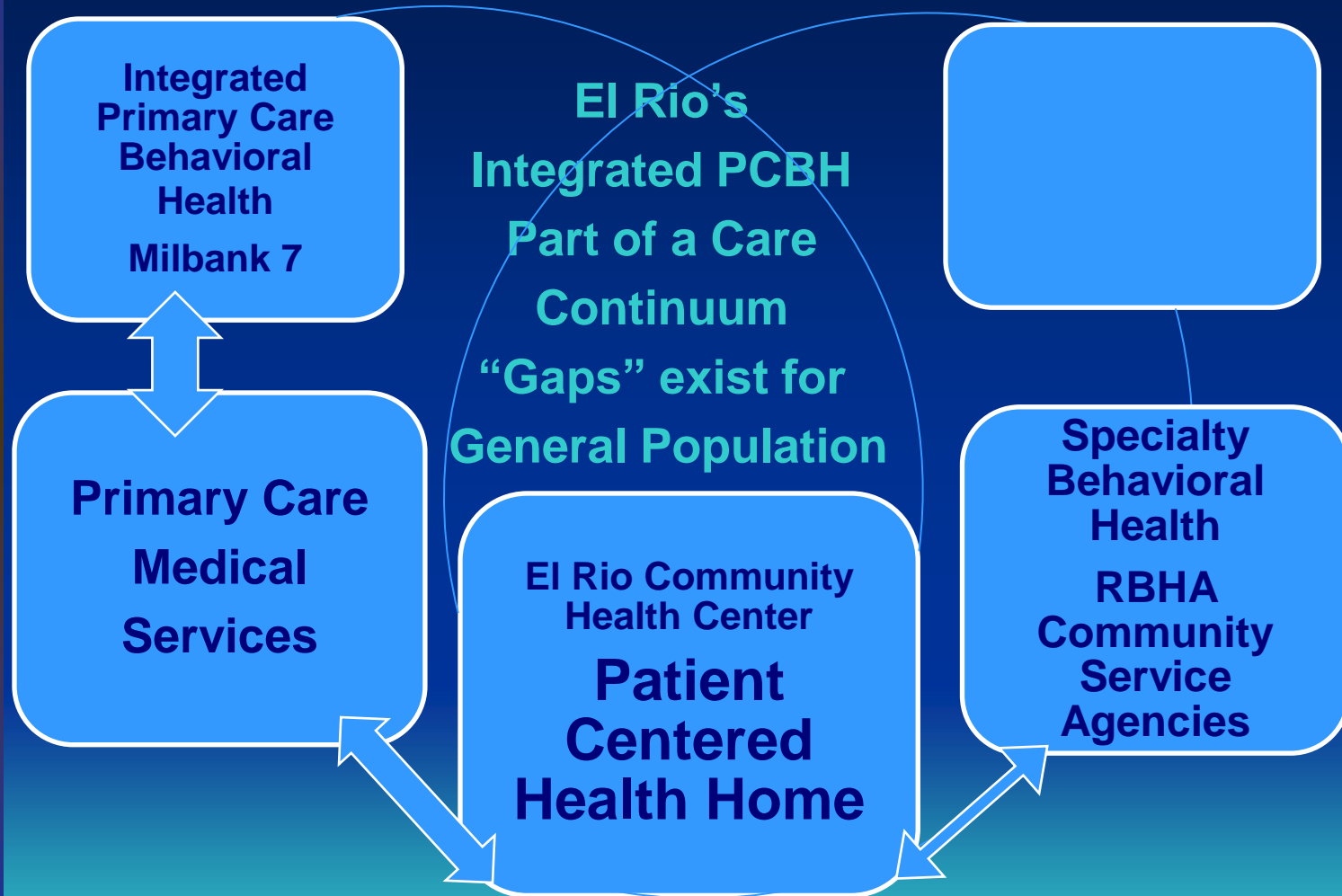
## ***Vision***

- ❖ To be a national model of excellent healthcare.

# El Rio Community Health Center

- 74,000 individuals served - 16 clinic locations
- 3 different types of BH integration projects
- Fully Integrated PCBH Program – Milbank 7
  - 4.8 FTE Staff at 3 clinic sites - 1.5 years old
  - 4,000+ patient encounters (80% adult – 20 % children)
  - 50 % Medicaid - AHCCCS
  - Projected to 8.8 FTE staff 2011; Expansion at 2 other clinics
- Special Immunology Assoc. – “Unified PC and BH” – Milbank 6
  - Comprehensive PC care for 1,100 HIV+ patients
  - Specialty BH services include:
    - Out patient BH counseling (GMH,SMI,SA), Medication assessment and management and Title 36 Court Ordered Treatment
- Whole Health Project – CODAC/EL RIO - Milbank 5
  - SAMSHA grant - Reverse co-location

# Fully Integrated PCBH Part of a Care Continuum



# Key Concepts - Overview

- Integrated Primary Care Behavioral Health Model distinct from Specialty BH Model
- Unique role of BH professionals in PC setting
  - Accessibility, Interruptible, Highly Visible
  - Moving at the pace of primary care
- How EMR supports PCBH interventions
- Health and Behavior Interventions
- General Outcomes integrated PCBH Model

# Conceptual Distinctions PCBH vs. SMHC

Dimension	Primary Behavioral Health Care	Specialty Behavioral Health Care
Model of care	Population based	Patient based
Primary customers	PCP, then patient	Patient, then others
Primary goals	Promote PCP efficacy Support small behavior change efforts Prevent morbidity in high risk patients Achieve medical cost offset	Resolve patient's behavioral health issues
Service delivery structure	Part of primary care services	A specialized service, either in or out of primary care center
Who is "in charge" of patient care	PCP	Therapist
Primary modality	Consultation model Health and Behavior Interventions	Specialty treatment Model Psychotherapy
Team structure	Part of primary care team	Part of specialty behavioral health team
Access standard	Determined by PCP preference	Determined by patient preference
Cost per episode of care	<u>96150-55 H/B CPTs – FQHCs</u> 15 minutes units	<u>9080X-Codes –RBHAs</u> Behavioral Health Evaluations
Reimbursement structure	Medical Condition-Primary Dx	Psychotherapy
Service codes - CPTs	Health behavior change Self Management planning	Treatment planning Case Management

# Integrated PCBH Model Outcomes

- Enhance the short-term clinical outcomes of the PCP's interventions
- Enhance longer-term outcomes in patients with recurrent, chronic or progressive conditions.
- Control medical utilization and costs for patients with chronic and treatment resistant conditions

# El Rio's fully Integrated *Primary Care Behavioral Health*

- Fully integrated PCBH Model - Milbank Report 7
- Medical Condition focus, not psychiatric
- PCP is the primary customer
- Majority of BH visits occur on same day of PCP visits
- Behavior Health **Consultants** (not specialists)
  - Independently Licensed AZ-BH professionals
- Services delivered as part of Person Centered Medical Home programming



# Patient Centered Health Home Service Delivery Features

- Open Access Scheduling
  - Patient Driven Scheduling (PDS)
  - Patients come when they can and when they need to....
  - Dramatic reduction in no shows (~30% to ~8%)
- Beyond the Patient – Provider Relationship
  - Patient relationship is to the Health Care team
    - Behaviorist (BHC), Community Health Advisor, RN, Medical Assistants, Clinical Pharmacist, Lab, etc.
- Maximum impact/value for today's visit
- El Rio becomes patient's Health Home

# *Primary Care Behavioral Health Service Delivery*

- Brief patient encounters 15-30 minutes in length
  - BH visits occur in exam room
- PCP same day referral and warm handoffs
- Services delivered seamlessly without interruption to patient flow as a goal
- Routine part of primary care
- Proactive BHC practice management approach
- Monitoring Medical Team Work Flow
- EMR chart review - potential PCBH referrals

# BHC Practice Management

- BHC reach out to medical teams (round)
- Visible, accessible and interruptible for PCP and health care team warm hand offs
- Communication technologies
  - Desk phone forwarded to cell
  - EMR communications and tasking
- BHC Documentation templates brief, focused on meeting Health and Behavior CPTs
- Immediate verbal feedback to PCP whenever possible; Curbside Consultations

# BHC Practice Management EMR - Work Flow

Appointments 9/30/2010 Ahearn MD, Denise;Cherbini NP,						All Tasks	
Time	Room	Patient/Subject	Reason	Status	Resource	Due Date	Patient
09:30 AM				Checked Out	Daniel SE		
09:30 AM			Im on...	BOOKED	Cherbini NP, Kath	09/22/2010	Test t
09:40 AM			Im on...	Checked Out	Ahearn MD, Deni	09/16/2010	Martin
10:00 AM				Checked Out	Ahearn MD, Deni	09/09/2010	Simva
10:00 AM			c 09...	Checked Out	Cherbini NP, Kath	08/31/2010	Test t
10:00 AM				Checked Out	Daniel SE	08/26/2010	Lucer
10:20 AM				Checked out	Daniel SE	08/20/2010	Herna
10:20 AM				Checked Out	Ahearn MD, Deni	08/18/2010	Ramo
10:30 AM				Checked Out	Ahearn MD, Deni		
10:30 AM	20		num...	Ready for clinician	Cherbini NP, Kath		
10:40 AM	14		f/u fr...	Ready for clinician	Daniel SE		
10:50 AM	10		wcc	Exam Complete	Ahearn MD, Deni		
11:00 AM	11			Ready for clinician	Daniel SE		
11:00 AM	19		c 09...	Ready for clinician	Cherbini NP, Kath		
11:30 AM	12			Ready for clinician	Daniel SE		
01:00 PM			C 09...	BOOKED	Daniel SE		
01:00 PM				BOOKED	Cherbini NP, Kath		
01:30 PM			c 09...	BOOKED	Cherbini NP, Kath		
01:30 PM			Im 09...	BOOKED	Daniel SE		
02:00 PM				BOOKED	Daniel SE		
02:00 PM			Ahea...	BOOKED	Cherbini NP, Kath		
02:20 PM				BOOKED	Daniel SE		
02:30 PM				BOOKED	Cherbini NP, Kath		
03:00 PM				BOOKED	Cherbini NP, Kath		
03:30 PM				BOOKED	Cherbini NP, Kath		
03:50 PM			busy ...	BOOKED	Daniel SE		
04:00 PM				BOOKED	Cherbini NP, Kath		

# EMR chart review

- Chronic Disease:
  - Diabetes, HTN, Chronic Pain, Obesity, Asthma, COPD
- Concern for today's visit (somatic complaints):
  - Insomnia, dizziness, headaches, abdominal pain, palpitations, chest pain, fatigue, etc
- Depression Screening (PHQ-9); Psychiatric history
- Recent Hospitalizations, ER visits
- Medication list
- Over or underutilization (poor med adherence)
- Phone calls – requests for meds, etc.

# Community Resource Planning

- Identifying patients who need referral to specialty behavioral health services
- Supporting referrals to specialty behavior health providers (RBHA) and tracking them
- Coaching patients on how to access counseling and psychiatric services
- Training medical teams and providers to understand the resources and how to make referrals
- Planning with RBHA to improve collaboration and communication

# Barriers and Solutions

Barriers	Solutions
Lack of knowledge at all levels of organization	Education – Education - Education Location – Location – Location
Stereotype of BH Pro; not easily accessed, schedule driven, lengthy sessions	Shift in Practice Management: Accessible, interruptible, highly visible, able to move at a fast pace
PCP expectations for referring to BH Specialists	Generalists – The BH Consultant <i>Health Behavior Change Agents</i>
Confusion about CPTs, Scope of Practice, Revenue stream	Health and Behavior Interventions Medical/Physical Health Conditions; Revenue stream available to FQHCs
Patient Acceptance and buy-in	Normalizing BH interventions as routine; Warm handoffs and inherited PCP trust/ rapport
Lack of BH professionals who are a good fit	Effective screening and interviewing; 60-90 day orientation/trg process

# Integrated PCBH Reimbursement

- Health and Behavior Intervention CPTs
  - 96150-55 series
- Medicaid/Medicare fee for service and wrap-around cost reimbursement
- Same day visits are reimbursed in Arizona
- Billing and Coding departments learning curve
- Active dialogue with all payers to gain reimbursement
  - Resubmitting claims as needed
  - Presentation to AHCCCS health plan representatives
- Commercial plans slow to reimburse (if at all)



# Rationale of Health and Behavior Intervention CPTs

- Patient Adherence to Medical Treatment
- Symptom Management & Expression
- Health-promoting Behaviors
- Health-related Risk-taking Behaviors
- Overall Adjustment to Medical Illness
- Self Management Planning

# Assessment Explanation

- Identification of psychological, behavioral, emotional, cognitive, and social factors
- In the prevention, treatment, and/or management of physical health problems
- Focus on biopsychosocial factors, e.g., life stressors
- Health-focused clinical interview
- Health-oriented questionnaires
- Assessing Stages of Change

# Intervention Explanation

- Modification of psychological, behavioral, emotional, cognitive, and/or social factors
- Affecting physiological functioning, disease status, health, and/or well being
- Focus = improvement of health with cognitive, behavioral, social, and/or psychophysiological procedures

# Types of Intervention

- Motivational Interviewing
- Strength/Solution based approaches
- Stress Reduction - Relaxation Response Skill Trg.
  - Diaphragmatic Breathing, Guided Imagery, Progressive Muscle Relaxation
- Psycho-education and Health Education
- Self Management planning
  - Establishing do-able, measurable health behavior goals prior to patient's next medical visit

# Integrated PCBH Model Outcomes

## *...in conclusion*

- Enhance the short-term clinical outcomes of the PCP's interventions
- Enhance longer-term outcomes in patients with recurrent, chronic or progressive conditions.
- Control medical utilization and costs for patients with chronic and treatment resistant conditions

## Contact information

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